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| († MATY 22 | 6) | 34, 361 | | | | | |
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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). /0/820 582 Application Number FEE TRANSMITTA 7 APR 2 USA Filing Date Sa bbadina For FY 2005 Roser A. First Named Inventor Lonice N. Lean **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1654 Art Unit TOTAL AMOUNT OF PAYMENT LP7. 3001-0V 510 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 600 Reissue 150 500 250 300 Provisional 200 100 0 O 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Multiple Dependent Claims Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee (\$) Fee Paid (\$) Indep, Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) Total Sheets Extra Sheets (round up to a whole number) x Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):

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| Signature | dail 1 | M. Clank | Registration No. (Attorney/Agent) 34 | 581 | Telephone 85% | 350.9690 |
| Name (Print/Type) | Danie | 1 M. Chambe | 20 | | Date /7 MAY | - 245 |

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